

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> <i>Korey Frank</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Harris Capital Mortgage Group, LLC 7901 4th St. N Suite 300 St. Petersburg, FL 33702 3:22-cv-97-DCG Doc. 10 (dt)</p>		<p>B. Received by (Printed Name) <i>Korey Frank</i></p> <p>C. Date of Delivery <i>9/17/24</i></p>	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 8279 3094 3591 24</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>FILED SEP 26 2024 CLERK U.S. DISTRICT COURT WESTERN DISTRICT OF FLORIDA DEPUTY CLERK</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>		<p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation®</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS 9589 0710 5270 0628 1235 46</p>		<p>Domestic Return Receipt</p>	